

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1507

BIRTH NO. 2447-51		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Cherokee			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin				c. CITY (If outside corporate limits, write RURAL and give township) Galena			
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				d. STREET ADDRESS (If rural, give location) 1025 Keller			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Kent		c. (Last) Russell	
		4. DATE OF DEATH		5. DATE OF BIRTH		6. AGE (In years last birthday)	
		February 12, 1951		Jan. 13, 1951		20	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH	
						20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Joplin, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME H. Leon Russell		13b. MOTHER'S MAIDEN NAME B. Normadean Beckwith		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Leon Russell			
				ADDRESS Galena, Kansas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Toxic Hepatitis, Toxic Cause Undetermined ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Edema				INTERVAL BETWEEN ONSET AND DEATH 30 hrs 7544	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-1, 1951, to 2-2, 1951, that I last saw the deceased alive on 2-2, 1951, and that death occurred at 11:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Paul H. Strubbs M.D.		23b. ADDRESS Galena, Kansas		23c. DATE SIGNED 2-2-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2-3-51		24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.		24d. LOCATION (City, town, or county) Galena, Kan.	
DATE REC'D BY LOCAL REG. 2-3-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Galena, Kansas	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-13-51
Jasper County Health Office

County File Number 51-2-105

Date Filed 2-13-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed

Pat G. Hale

Licensed Embalmer No. 4771

P. O. Address *Josephine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.